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5
 PERMANENT RECORD
 In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Kila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>145</u>
District of <u>Rice</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>888</u>
Town of _____			Local Registrar No. _____
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Herbert Hopkins</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Male</u>			<u>yes</u>
6. Date of birth	Month	Day	Year
<u>Dec</u>	<u>19</u>	<u>1923</u>	
3. FATHER		14. MOTHER	
Full name <u>Henry Hopkins</u>		Full maiden name <u>Natysadjinetka</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz</u>		15. Residence (Usual place of abode) <u>Rice, Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>San Carlos</u>		18. Birthplace (city or place) <u>San Carlos</u>	
(State or country) <u>Indian Reservation</u>		(State or country) <u>Indian Reservation</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Labourer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>2</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Rice, Ariz.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. L. Woods, M.D.</u>	
Given name added from a supplemental report		(Physician or midwife)	
Month, day, year.		Address <u>Rice, Ariz.</u>	
Registrar.		Filed <u>1-7</u> 19 <u>24</u>	
		Local Registrar. <u>C. H. Brown</u>	
		County Registrar. <u>B. S. Lick</u>	

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